

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 039 ***138.75

DOCUMENT # L03000056195

1. Entity Name
DOUGLAS W. SIRMON, LLC



Principal Place of Business

Mailing Address

~~9001 ASHVILLE DRIVE~~
~~PENSACOLA, FL 32514~~

~~9001 ASHVILLE DRIVE~~
~~PENSACOLA, FL 32514~~

60001286

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1107 Yellowstone Pass

1107 Yellowstone Pass

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT, FL.

City & State

CANTONMENT, FL.

Zip
32533

Country
USA

Zip
32533

Country
USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0545640

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIRMON, DOUGLAS W
~~9001 ASHVILLE DRIVE~~
~~PENSACOLA, FL 32514~~

7. Name and Address of New Registered Agent

Name **Douglas W. Sirmon**
Street Address (P.O. Box Number is Not Acceptable)

1107 Yellowstone Pass

City **CANTONMENT**

FL Zip Code **32533**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Douglas W. Sirmon**

Signature, typed or printed name of registered agent and title if applicable.

Douglas W. Sirmon

(NOTE: Registered Agent signature required when reinstating)

1-9-08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM**
STREET ADDRESS **SIRMON, DOUGLAS W**
CITY-ST-ZIP **9001 ASHVILLE DRIVE**
PENSACOLA, FL 32514

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME **1107 Yellowstone Pass**
STREET ADDRESS **CANTONMENT, FL.**
CITY-ST-ZIP **32533**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Douglas W. Sirmon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Douglas W. Sirmon **1-9-08**

Date

Daytime Phone #